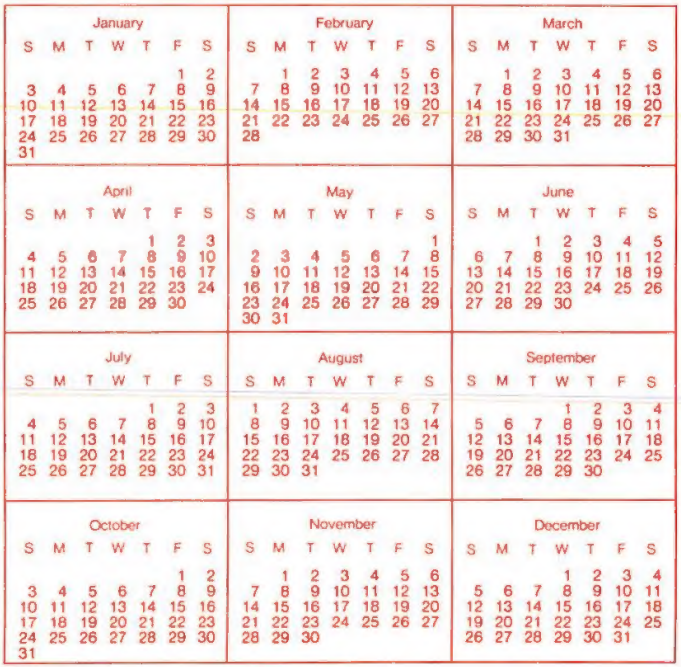

January

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1971

long-term use, severe dietary salt restriction is not recommended since it tends to promote electrolyte imbalance.

Emphasis should be given to the detection of potassium depletion, especially when Regroton is used in patients with cirrhosis or severe ischemic heart disease, and also in patients receiving adrenal corticosteroids, ACTH, or digitalis, where potassium depletion may potentiate its toxic effects. Hypokalemia (normal serum potassium range: 3.5 to 5 mEq./l.) establishes the diagnosis of potassium depletion. Hypochloremic alkalosis often precedes other evidences of severe potassium deficiency. Frequently, therefore, more sensitive indicators than the potassium serum level are the CO_2 content or CO_2 combining power and the serum concentration of chloride.

Also indicative of potassium depletion can be electrocardiographic alterations such as: changes in conduction time, amplitude of the T wave; ST segment depression; prominent U wave. These abnormalities may appear with potassium depletion before manifest hypokalemia. However, they are frequently absent in the presence of hypokalemia above 3 mEq./l.

If potassium depletion should occur during therapy, discontinue Regroton. Administer potassium orally (3 to 4.5 Gm./day potassium chloride) or parenterally (40 to 60 mEq./day), provided the patient does not have marked oliguria. To lessen the possibility of potassium deficiency, the diet, in addition to meat and vegetables, should include potassium-rich foods such as citrus fruits and bananas.

Because reserpine increases gastrointestinal motility and secretion, Regroton should be used cautiously in patients with ulcerative colitis or gallstones, where biliary colic may be precipitated. In susceptible patients, bronchial asthma may occur.

Adverse Reactions Clinical trials with Regroton indicate that the drug is generally well tolerated. The adverse reactions most frequently seen include anorexia, gastric irritation, nausea, vomiting, diarrhea, constipation, nasal congestion, muscle cramps, dizziness, weakness, headache, drowsiness, and mental depression. Skin rashes, urticaria, and a case of ecchymosis have been reported. (Other dermatologic manifestations may occur—see below.)

A decreased glucose tolerance evidenced by hyperglycemia and glycosuria may develop inconsistently. This condition, usually reversible on discontinuation of therapy, responds to control with antidiabetic treatment. Diabetics and those predisposed should be checked regularly.

Hyperuricemia may be observed on occasion and acute attacks of gout have been precipitated. In cases where prolonged and significant elevation of blood uric acid concentration is considered potentially deleterious, concomitant use of a uricosuric agent is effective in reversing hyperuricemia without loss of diuretic and/or antihypertensive activity.

In addition to the reactions listed above, certain adverse reactions attributable to the component drugs of Regroton are shown below. Since Regroton combines chlorthalidone and reserpine in relatively small doses, such reactions may be less than when those drugs are used in full dosage.

Chlorthalidone: Idiosyncratic drug reactions such as aplastic anemia, purpura, thrombocytopenia, leukopenia, agranulocytosis and necrotizing angiitis have occurred, but are rare.

The remote possibility of pancreatitis should be considered when epigastric pain or unexplained gastrointestinal symptoms develop after prolonged administration.

Other reported reactions include restlessness, transient myopia, impotence or dysuria, and orthostatic hypotension, which may be potentiated when chlorthalidone is combined with alcohol, barbiturates or narcotics. Since jaundice, xanthopsia, paresthesia, and photosensitization have been documented in related compounds, the possibility of these reactions should be kept in mind.

Reserpine USP: The sedative effect of reserpine may lead to drowsiness or lassitude in some patients. Frequently, this effect disappears with continued administration. Nasal stuffiness sometimes occurs. Gastrointestinal reactions include increased gastric secretions, loose stools, or increased bowel frequency.

Symptoms of mental depression may occur in a small percentage of patients, although the recommended dosage of Regroton contains substantially less reserpine than that usually implicated in such reactions. The same is true of other rare side effects recorded for reserpine, which include bradycardia and ectopic cardiac rhythms (especially when used with digitalis), pruritus, eruptions and/or flushing of skin, angina pectoris, headache, dizziness, paradoxical anxiety, nightmare, dull sensorium, muscular aches, a reversible paralysis agitans-like syndrome, blurred vision, conjunctival injection, uveitis, optic atrophy and glaucoma, increased susceptibility to colds, dyspnea, weight gain, decreased libido or impotence, dryness of the mouth, deafness, and anorexia.

Dosage and Administration *Initiation:* In most cases, therapy may be initiated with *one tablet once a day.* Some patients may require two tablets daily. Divided doses are unnecessary, and a single dose given in the morning with food is recommended.

Maintenance: Maintenance dosage must be individually adjusted. Mild cases may be adequately controlled with half a tablet daily. Optimal lowering of elevated blood pressure may require two weeks or more in some cases because of the slow onset of action of reserpine.

Combination With Other Drugs: In more severe cases, if the response to Regroton alone is inadequate, potent antihypertensives may be added gradually in dosages at least 50% lower than those usually employed. Such patients should be supervised carefully and continuously. As soon as desired blood pressure levels have been attained, the lowest effective maintenance dosage should be followed.

Overdosage Adverse reactions resulting from accidental acute overdosage of Regroton may include nausea, weakness, dizziness, syncope, and disturbances of electrolyte balance. There is no specific antidote. However, the following is recommended: gastric lavage followed by supportive treatment, including intravenous dextrose-saline with potassium chloride if necessary, to be given with the usual caution. If marked hypotension results from overdosage, it can be treated with vasopressor drugs.

How Supplied Regroton is available as pink, round, single-scored tablets, each containing: Hygroton®, brand of chlorthalidone, 50 mg.; and reserpine USP, 0.25 mg., in bottles of 100 and 1000.

Animal Pharmacology In animal biochemical studies, chlorthalidone is absorbed slowly from the gastrointestinal tract, due to low solubility. After passage to the liver, some of the drug enters the general circulation, while some is excreted in the bile, to be reabsorbed later. In the general circulation, the drug is distributed widely to the tissues, but is taken up in the highest concentrations in the kidneys, where amounts have been found 72 hours after ingestion, long after it has disappeared from other tissues. The drug is excreted unchanged in the urine. The high renal concentration of chlorthalidone may be causally associated with the prolonged saluretic effect of the drug. Chlorthalidone appears to inhibit sodium and chloride reabsorption in the proximal tubule. The reduction of plasma volume following diuresis is a probable mechanism in the initial antihypertensive action of the drug.

Reserpine probably produces its sedative and hypotensive effects through a depletion in tissue stores of catecholamines. The antihypertensive action of reserpine is probably due to loss of epinephrine and norepinephrine from peripheral sites. By contrast, its sedative and tranquilizing properties are thought to be related to depletion of 5-hydroxytryptamine from the brain.

46-600-E (7/70)

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York 10502

January	Sunday	Monday	Tuesday	Wednesday	Thursda
Engine 618 Rerail 2 x in Jan 71 Clear Titles Legislative Action	1971				
Governors Day 1184 People Rides	3	4	5 State Hol Week	6	7
1 car from Pocatello	~~1184 People Rode Train~~ Free				
Turn Tires on SL #110 #35 loaded in California	10 1-5 PM 1184 People Rode Train	11 Lowe E Blain Kaye Tribune Man	12	13	14
	17	18	19-	20-	21
	24/31-60	25-	26-	27-	28

Wednesday	Thursday	Friday	Saturday
	Jan 71	1	2 618 Engine Fired Up Clear hi...
Week 6	7	8	9 2:30 AM Snow Plowed. ~~1100~~ ~~200 People~~ ~~Ride down~~ ~~Canyon~~ Engine DeRail @ Rieske's Governor There
13	14	15	16 1PM - Bd of Directors @ Lowe's Over 60,000 Pledged Spent 5600 Bills 3500
20 - 71	21 - 70	22 - 69	23 - 68
27 - 64	28 - 63	29 62	30 - 61